24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Values are Vital		C C00552422				
		G				
Check if 24-hour report 48-hour report New report Amends report filed on 04 17 2014						
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination				
		M = M / D = D / Y = Y = Y				
Mailing Address 5 Mapleton Road		Amount				
Suite 300 City State	7in Code	32442.00				
Purpose of Expenditure TV Ad	Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support	Office Sought:				
PAIGE VANIER Vanier KREEGEL	Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought	1219346.54	Disbursement For: Primary General 2014				
Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination				
Mailing Address 5 Mapleton Road		Amount				
Suite 300		Amount				
City State Princeton NJ	·	48663.00 Transaction ID : SE.4372				
Purpose of Expenditure	Catagony	Date of Disbursement or Obligation				
TV Ad	Category/ Type 004	04 15 2014				
Name of Federal Candidate	Support	Office Sought: House District: 19				
CURTIS J CLAWSON	Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought	1268009.54	Disbursement For: Primary General 2014 Special-Primary Special-Primary				
(a) SUPTOTAL of Itamized Independent Evenerditures		04405.00				
(a) SUBTOTAL of Itemized Independent Expenditures		81105.00				
(b) SUBTOTAL of Unitemized Independent Expenditures		>				
(c) TOTAL Independent Expenditures		>				
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of	•				
Ronald M Firman	[Electronically Filed] Date	04 17 2014				
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedu	ile E)	DEITI EX EILE.			PAGE 2 OF 3 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Value	s are Vital				C C00552422
Check if	24-hour report 48-hour repo	rt New repo	ort X Amends repo	ort filed on	04 17 2014
Full Mo	Name of Payee orado & Associates, LLC				of Public Distribution/Dissemination
Mailir	ng Address 1217 E Cape Coral Parkway	,		Amour	nt
City	PMB #160	Ctata	7's Oada		1000.00
City Cape	e Coral	State FL	Zip Code 33904		action ID : SE.4373 of Disbursement or Obligation
	ose of Expenditure net Media		Category/ Type 004	М	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate		Support	Office Sought	t: X House District: 19
LIZB	ETH BENACQUISTO		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	12	273009.54	Disbursement 2014 X Ot	t For: Primary General cher (specify) ▶ Special-Primary
	Name of Payee rado & Associates, LLC				of Public Distribution/Dissemination
Mailii	ng Address 1217 E Cape Coral Parkw	ay			
	PMB #160	•		Amour	nt
City		State	Zip Code		4000.00
<u> </u>	e Coral	FL	33904		ction ID : SE.4374 of Disbursement or Obligation
	ose of Expenditure rnet Media		Category/ Type 004	M	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Sough	t: X House District: 19
PAIC	GE VANIER Vanier KREEGEL		Oppose	Preside	ent Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	7 7	1272009.54	Disbursement 2014 Of	t For:
(a) Sl	JBTOTAL of Itemized Independent Expe	enditures		· [5000.00
(b) Sl	JBTOTAL of Unitemized Independent Ex	xpenditures		• ·	
(c) TO	OTAL Independent Expenditures			· .	
with, o	penalty of perjury I certify that the independent at the request or suggestion of, any committee) any political party committee	candidate or authorized			
	Ronald M Firman	[Electron	ically Filed] Date	e 04	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Values are Vital		C C00552422	
Check if 24-hour report 48-hour report New report	Amends report filed on	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of Payee Morado & Associates, LLC		e of Public Distribution/Dissemination	
Mailing Address 1217 E Cape Coral Parkway PMB #160	Amo	punt	
**	240	6000.00	
City State Zip Co Cape Coral FL 33904	Tran	Transaction ID : SE.4375 Date of Disbursement or Obligation	
Purpose of Expenditure Internet Media Cate		04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Office Soug	ght: X House District: 19	
CURTIS J CLAWSON	Oppose Presid		
Calendar Year-To-Date Per Election for Office Sought 1279009.	Disburseme 2014	ent For:	
Full Name of Payee	Date	e of Public Distribution/Dissemination	
Mailing Address	Amo	ount	
City State Zip Co	ode	, , , , , , , , , , , , , , , , , , , ,	
	Date	e of Disbursement or Obligation	
Purpose of Expenditure Cate		M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support Office Soug		
	Oppose Presi		
Calendar Year-To-Date Per Election for Office Sought	Disburseme	ent For:	
(a) SUBTOTAL of Itemized Independent Expenditures		6000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1	
(c) TOTAL Independent Expenditures	· C	92105.00	
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.			
Ronald M Firman [Electronically F	iled] Date 04	17 2014	
Signature			